

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 3 — 1 4

2. STATE:

Oklahoma

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
07/01/03

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.10, 440.20, 440.50

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-

b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 6a-1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Same page, Revised 12/01/99, TN#99-23

10. SUBJECT OF AMENDMENT:

Amending SP for blood and blood products.

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

September 25, 2003

16. RETURN TO:

OHCA
4545 N Lincoln Blvd., Ste 124
Oklahoma City, OK 73105
Attn: Billie Wright

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

26 SEPTEMBER 2003

18. DATE APPROVED:

2 DECEMBER 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JULY 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

C: Charles Brodt
Jim Hancock
Billie Wright

Revision: HCFA-AT-78-69 (MMB)
July 24, 1978

Attachment 3.1-A
Page 6a-1

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

13. Other diagnostic, screening, preventive and rehabilitative services, i.e. other than those provided elsewhere in this plan.

b. Screening services

Refer to Attachment 3.1-A, Page 1a-4.

d. Rehabilitative services

Revised 07-01-03

TN# 03-14 Approval Date 12-2-03 Effective Date 7-1-03
Supersedes
TN# 99-23

SUPERSEDES TN 99-23

| | |
|-------------|-----------------|
| STATE | <u>Oklahoma</u> |
| DATE REC'D | <u>9-26-03</u> |
| DATE APPV'D | <u>12-2-03</u> |
| DATE EFF. | <u>7-1-03</u> |
| HCFA 179 | <u>OK 08-14</u> |